

<b>Case Number:</b>	CM15-0139837		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	06/26/2003
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### **HOW THE IMR FINAL DETERMINATION WAS MADE**

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### **CLINICAL CASE SUMMARY**

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old male, who sustained an industrial injury on June 26, 2003. Treatment to date has included NSAIDS, opioid medications, and home exercise program, MRI of the lumbar spine, right shoulder rotator cuff repair, and anti-depressants. Currently, the injured worker complains of low back pain with radiation of pain into the right buttock and the left lower extremity. He continues to report right shoulder-arm pain and neck pain. The injured worker reports that he continues to drop things from his right hand and uses a cane for assistance when the low back pain worsens. He reports that his sleep quality is poor. The injured worker rates his average pain a 4 on a 10-point scale. On physical examination the injured worker confirms pain in the left axis of his low back and in the right sacroiliac joint region. He has a positive Gaenslens tests and his gait is mildly antalgic. He reports pain in his right shoulder with active range of motion. He has myofascial pain of the neck with radiation of pain to the right upper extremity. The diagnoses associated with the request include thoracic-lumbosacral neuritis-radiculitis, lumbago, degeneration of the lumbar-lumbosacral intervertebral discs, myalgia and myositis, shoulder joint pain, cervicalgia and spasm of muscle. The treatment plan includes continuation of home exercise program, MRI of the cervical spine, left sacroiliac joint injection, and continuation of medical THC, Nucynta ER, Nucynta IR, and Vimovo.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Left SI joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under SI joint injections.

**Decision rationale:** The patient presents with lower back pain and right shoulder/arm pain. The request is for LEFT SI JOINT INJECTION. The request for authorization is dated 06/11/15. The patient is status post diagnostic lumbar facet block via MBB of LEFT L3-4, L4-5, L5-S1 levels, 08/29/14. Status post RFA of lumbar medical branches at LEFT L3-4, L4-5, L5-S1, 10/10/14. MRI of the lumbar spine, 03/03/08, shows a 3 to 4 mm central disc herniation; protrusion type at L4-5 with mild central canal stenosis; disc protrusion at L3-4 as described with central canal stenosis. Physical examination reveals residual axial low back pain to LEFT side, now on lower buttock/SI region. Positive Gaenslen's test noted. Right shoulder pain on active range of motion. The neck pain condition is still present with myofascial pain symptoms and symptoms to right upper extremity. Recommended regular exercise/physical therapy on an ongoing regular basis. Continue to recommend core strengthening to improve low back pain and strength. Patient's medications include Nucynta and Vimovo. Per progress report dated 06/09/15, the patient is on disability. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long- term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." Criteria for the use of sacroiliac blocks: 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. Treater does not discuss the request. In this case, the patient has trialed aggressive conservative treatments but continues with pain. Physical examination reveals residual axial low back pain to LEFT side, now on lower buttock/SI region. Positive Gaenslen's test noted. However, only 1 positive exam finding was documented by treater, positive Gaenslen's test. ODG guidelines require 3 positive exam findings in order to proceed with SI joint injection. Therefore, the request IS NOT medically necessary.

**Nucynta ER 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

**Decision rationale:** The patient presents with lower back pain and right shoulder/arm pain. The request is for NUCYNTA ER 100MG #60. The request for authorization is dated 06/11/15. The patient is status post diagnostic lumbar facet block via MBB of LEFT L3-4, L4-5, L5-S1 levels, 08/29/14. Status post RFA of lumbar medical branches at LEFT L3-4, L4-5, L5-S1, 10/10/14. MRI of the lumbar spine, 03/03/08, shows a 3 to 4 mm central disc herniation; protrusion type at L4-5 with mild central canal stenosis; disc protrusion at L3-4 as described with central canal stenosis. Physical examination reveals residual axial low back pain to LEFT side, now on lower buttock/SI region. Positive Gaenslens test noted. Right shoulder pain on active range of motion. The neck pain condition is still present with myofascial pain symptoms and symptoms to right upper extremity. Recommended regular exercise/physical therapy on an ongoing regular basis. Continue to recommend core strengthening to improve low back pain and strength. Patient's medications include Nucynta and Vimovo. Per progress report dated 06/09/15, the patient is on disability. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 06/09/15, treater's reason for the request is "as needed for pain." Patient has been prescribed Nucynta since at least 07/10/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Nucynta significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing significant pain reduction with use of Nucynta. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. Repeat UDS done 02/12/15. Given the lack of documentation, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

**Nucynta ER 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

**Decision rationale:** The patient presents with lower back pain and right shoulder/arm pain. The request is for NUCYNTA ER 50MG #30. The request for authorization is dated 06/11/15. The patient is status post diagnostic lumbar facet block via MBB of LEFT L3-4, L4-5, L5-S1 levels, 08/29/14. Status post RFA of lumbar medical branches at LEFT L3-4, L4-5, L5-S1, 10/10/14.

MRI of the lumbar spine, 03/03/08, shows a 3 to 4 mm central disc herniation; protrusion type at L4-5 with mild central canal stenosis; disc protrusion at L3-4 as described with central canal stenosis. Physical examination reveals residual axial low back pain to LEFT side, now on lower buttock/SI region. Positive Gaenslen's test noted. Right shoulder pain on active range of motion. The neck pain condition is still present with myofascial pain symptoms and symptoms to right upper extremity. Recommended regular exercise/physical therapy on an ongoing regular basis. Continue to recommend core strengthening to improve low back pain and strength. Patient's medications include Nucynta and Vimovo. Per progress report dated 06/09/15, the patient is on disability. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 06/09/15, treater's reason for the request is "as needed for pain." Patient has been prescribed Nucynta since at least 07/10/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Nucynta significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing significant pain reduction with use of Nucynta. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. Repeat UDS done 02/12/15. Given the lack of documentation, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

**Vimovo 375/20 #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Vimovo.

**Decision rationale:** The patient presents with lower back pain and right shoulder/arm pain. The request is for VIMOVO 375/20 #60. The request for authorization is dated 06/11/15. The patient is status post diagnostic lumbar facet block via MBB of LEFT L3-4, L4-5, L5-S1 levels, 08/29/14. Status post RFA of lumbar medical branches at LEFT L3-4, L4-5, L5-S1, 10/10/14. MRI of the lumbar spine, 03/03/08, shows a 3 to 4 mm central disc herniation; protrusion type at L4-5 with mild central canal stenosis; disc protrusion at L3-4 as described with central canal stenosis. Physical examination reveals residual axial low back pain to LEFT side, now on lower buttock/SI region. Positive Gaenslens test noted. Right shoulder pain on active range of motion. The neck pain condition is still present with myofascial pain symptoms and symptoms to right upper extremity. Recommended regular exercise/physical therapy on an ongoing regular basis. Continue to recommend core strengthening to improve low back pain and strength. Patient's medications include Nucynta and Vimovo. Per progress report dated 06/09/15, the patient is on disability. MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the pain chapter on Vimovo states, "not recommended as a first-line therapy..."

the NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risks of NSAID-related gastric ulcers in susceptible patients. As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy." Treater does not specifically discuss this medication. The patient has been prescribed Vimovo since at least 02/12/15. ODG guidelines do not consider Vimovo as part of first-line therapy and require a trial of "omeprazole and naproxen or similar combination is recommended before Vimovo therapy." In this case, review of provided medical records reveal patient has tried and failed Celebrex and Duexis. The request appears to meet guidelines indication. Therefore, the request IS medically necessary.